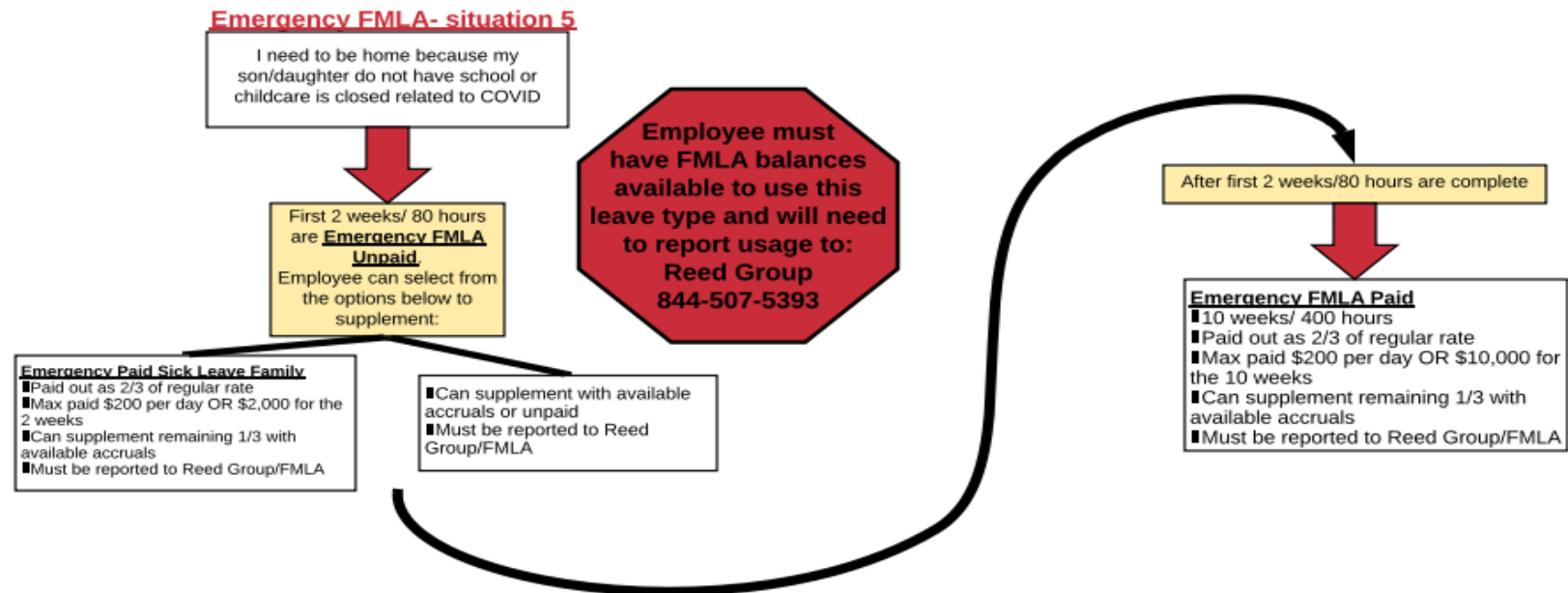


INFORMATION ON SUBMITTING FFCRA TIME OFF REQUESTS- SITUATION 5

FFCRA provides emergency paid leave under the Family and Medical Leave Act (FMLA) and emergency paid leave. FFCRA addresses six specific situations:

- 1) The employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19.
- 2) The employee has been advised by a health care provider to self-quarantine because of COVID-19.
- 3) The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis.
- 4) The employee is caring for an individual subject or advised to quarantine or isolation.
- 5) The employee is caring for a son or daughter whose school or place of care is closed, or childcare provider is unavailable, due to COVID-19 precautions.
- 6) The employee is experiencing substantially similar conditions as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.



SUBMITTING EMERGENCY FMLA (situation 5) and supplementing with available accruals

ALL TIME OFF FOR EMERGENCY FMLA MUST BE REPORTED TO REED GROUP-(844) 507-5393

SECTION 1- First 80 hours of Emergency FMLA, supplemented with available accruals

Step 1: Open Absence icon

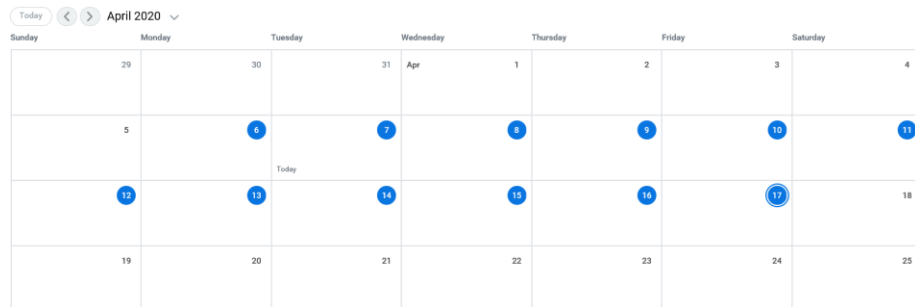


Absence

Select "Request Absense"

Request Absence

Step 2: Select day(s) needed



Family Care Time Off Plan

12 Days - Request Absence

Step 3: Select Absence Type as "Emergency FMLA Time Off-Unpaid", select "Next"

When Monday, May 4, 2020 - Friday, May 29, 2020

Type *

Emergency FMLA Time Off - Unpaid

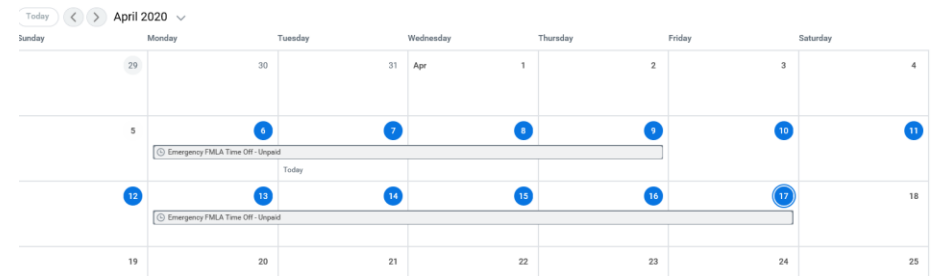
Next

Step 4: Verify dates and hours per day, select "Submit"

Request	From	To	Type	Quantity per Day	Total	
1 item	05/04/2020	05/29/2020	Emergency FMLA Time Off - Unpaid	8 hours	192 hours	Edit Quantity per Day

Submit

Step 5: Select day(s) where you wish to supplement available accruals, select "Submit"



Family Care Time Off Plan

12 Days - Request Absence

Step 6: Go to "Paid Time Offs"

Paid Time Offs >
 Paid Time Offs [Infrequent] >
 Time Offs Specific to COVID-19/FFCRA >
 Unpaid Time Off >
 Time Off Buyouts >
 Type * Search

Next Cancel

Option to choose from the following:

- Compensatory
- Sick
- Vacation
- Sick COVID-19 (Advance)

If wanting to utilize "Emergency Paid Sick Time Off (Family- Paid at 2/3)" please go to step 15.

Select "Next"

Type * |
 x Sick

Next

Step 7: Edit Quantity per Day

Quantity per Day	Total	
0 hours	0 hours	Edit Quantity per Day

Details for: Sick

☐ Family Care Sick Related to COVID-19
☐ Personal Sick Related to COVID-19
☐ Standard Sick Time Off (NOT related to COVID-19)

son * |

Select "Family Care Sick Related to COVID-19" OR one of the following:

- Family Care Vacation Related to COVID-19
- Family Care Comp Related to COVID-19
- Family Care COVID-19 (Advance)

Select "Submit"

Submit

This is for use of your first 80 hours of
 Emergency FMLA Time Off- Unpaid.
 Continue the job aid for guidance after the first 80 hours of
 Emergency FMLA.

SUBMITTING EMERGENCY FMLA (situation 5) and supplementing with available accruals

ALL TIME OFF FOR EMERGENCY FMLA MUST BE REPORTED TO REED GROUP-(844) 507-5393

SECTION 2- Remaining 10 weeks of Emergency FMLA

Step 8: Repeat Steps 1 & 2

Step 9: Select Absence Type as "Emergency FMLA (Paid at 2/3) Time Off", select "Next"

Type *

× Emergency FMLA (Paid at 2/3) Time Off

Next

Step 10: Verify dates and hours per day, enter reason, select "Submit"

Reason *

5. is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19

Submit

- IF YOU WISH TO SUPPLEMENT REMAINING AMOUNT WITH 1/3rd OF YOUR OWN AVAILABLE ACCRUALS, CONTINUE GUIDE.
- IF NOT, ACTIONS ARE COMPLETE FOR EMERGENCY FMLA (Paid at 2/3) TIME OFF

Step 11: Repeat Steps 1 & 2

Step 12: Select Absence Type- go to "Time Offs Specific to COVID-19/FFCRA"

Select

Paid Time Offs >

Paid Time Offs [Infrequent] >

Time Offs Specific to COVID-19/FFCRA >

Unpaid Time Off >

Time Off Buyouts >

When

Type *

Next Cancel

Another menu will open, select from the following:

- Sick Emergency Supplemental Time Off
- Vacation Emergency Supplemental Time Off
- Compensatory Emergency Supplemental Time Off
- Sick COVID-19 (Advance) Supplemental Time Off

Select your option from above and then select "Next"

Step 13: Open "Edit Quantity per Day"

Enter in hours scheduled per each day. NOTE- this will produce an error. Open the error and adjust hours as guided.

Edit Quantity per DayA screenshot of the "Edit Quantity per Day" form. At the top, there is a dropdown menu labeled "Errors and Alerts Found" with a red exclamation mark icon. Below it, there is a text input field for "Update All Quantities" with the value "9". Further down, there is another "Errors and Alerts Found" dropdown. Below that, a table shows 33 items. The table has columns for "Date", "Quantity per Day", and "Comments". The first three rows show dates from Monday, April 27, 2020, to Wednesday, April 29, 2020, with a quantity of "9" in each row. A large blue arrow points from the right towards the "Errors and Alerts Found" dropdown at the top.

Select "Done" once all errors are gone.

**Step 14:** Select "Submit"

ALL TIME OFF FOR EMERGENCY FMLA MUST BE REPORTED TO REED GROUP-(844) 507-5393

A screenshot of the "Errors and Alerts Found" section. It shows a list of error messages, each starting with "Error - Quantity per Day" and "For 04/27/2020, the Daily Quantity cannot be more than 4.48 Hours." The first error message is circled in red. The section is titled "Errors and Alerts Found" with a red exclamation mark icon and a small upward arrow.

This process may need to be repeated. This is dependent on your schedule. Follow the error's guidance until complete.


SECTION 3- First 80 hours of Emergency FMLA, supplemented with Emergency Paid Sick Leave- Family Care

Step 15: Repeat Steps 1 & 2

Step 16: Select Absence Type as "Emergency Paid Sick Time Off (Family- Paid at 2/3)" select "Next"

Select Absence Type

When Monday, May 4, 2020 - Thursday, May 7, 2020
Monday, May 11, 2020 - Friday, May 15, 2020

Type * 

- ☒ Emergency Paid Sick Time Off (Family - Paid at 2/3)

Next



- IF YOU WISH TO SUPPLEMENT REMAINING AMOUNT WITH 1/3rd OF YOUR OWN AVAILABLE ACCRUALS, FOLLOW STEPS 11-14 ON THIS GUIDE.
- IF NOT, ACTIONS ARE COMPLETE FOR EMERGENCY FMLA (Paid at 2/3) TIME OFF

Step 17: Verify dates and hours per day, enter reason #5, select "Submit"

quarantine as described in (2)

☐ 5. (ONLY applies to supplemental Emergency FMLA Unpaid) is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19

☐ 6. employee (as self) is experiencing any other substantially-similar condition specified by the Secretary of

Submit

